DISCUSSION.

Dr. G. A. SUTHERLAND: The explanation given by Dr. Hawthorne is plausible in regard to the left leg in this case, but I see a difficulty in attributing the œdema of the right leg to the fact that the patient has got up and is walking about. I should be surprised to find œdema of such extent arising under such circumstances.

Dr. F. PARKES WEBER: In regard to the present patient one, of course, thinks of the possibility of so-called "trophœdema," of which I know that our President has seen several examples. But the child says that seven years ago she had scarlet fever, and after that there was some "blood-poisoning," and the left leg was swollen and was black and blue. About two years later the leg was practically all right again; but from that date it has been swollen, off and on, and lately the swelling has never completely subsided. With such a history I hesitate as yet to diagnose the case as one of trophœdema. Trophœdema is an apparently idiopathic disease, which may affect more than one extremity, and more often occurs in females than in males; occasionally it is met with in more than one member of a family. After an attack of venous thrombosis in one leg it is not very rare to find permanent enlargement of that extremity, but not persistent progressive œdema (as in the present case). The present case is not the result of venous thrombosis, but may later on turn out to be an example of "trophœdema."

Dr. HAWTHORNE (in reply): I fully admit the force of Dr. Sutherland's comment. The explanation I proposed of the œdema in the right limb is untenable—that advanced by the President is a much more reasonable one. The cases in which both limbs are affected are familiar to me, and I have figured such a case some years ago. I quite agree that too much stress may be laid on a history of recurrent inflammatory attacks, for, manifestly, these may be, not the cause of the thickening of the integuments, but merely accidental infections in tissues of poor nutrition and exposed to slight traumatisms.

(*January* 28, 1916.)

Cardiac Case for Prognosis.

By HUGH THURSFIELD, M.D.

E. S., GIRL, aged 13 years, has had four attacks of chorea: the first in 1912, the last in May, 1915. She now has her cardiac impulse 1 in. outside the left nipple line with some dilatation of the right side, and systolic and early diastolic murmurs. The chief feature of the case,

however, is the pulse irregularity, which varies considerably, but is, according to the electro-cardiogram, due to ectopic contractions of the right ventricle. The cardiac affection does not seem to have checked her growth. She now weighs 7 st. 11 lb. in her clothes, and is unusually muscular and big for her age. What may be expected to be the course of the disease? And what suggestions can be made as to treatment?

The child appeared to be unusually well developed for 13 years of age after the four attacks of chorea: and I thought the irregularity of the pulse was a sufficiently interesting feature to justify my bringing her before the Section.

DISCUSSION.

Dr. G. A. SUTHERLAND: The irregularity of pulse in this case appears of great interest. The question is, what is its significance? I felt the irregularity of pulse, but by the time I had got to the heart the action had become regular, and during the time I was auscultating there was no trace of irregularity; evidently it comes and goes. The electro-cardiogram shows there is an extrasystole. But when one felt the pulse something more than that came into evidence; a big beat was felt, then a small beat, then a premature contraction. I suggest that the basal sound is the extrasystole, and that after each extrasystole comes first a strong beat, then a small beat of the pulsus alternans, and that this causes the double irregularity in the pulse. I do not think we could have told what was going on there without a pulse tracing. With regard to the irregularity of the heart, I do not think it is of any importance in regard to the future prospects of the child. There does not seem to be sufficient disease to affect the child's growth. She appears to have some cardiac hypertrophy, and to be suffering somewhat from the effects of a valvular lesion. The prognosis depends on whether she can keep free from rheumatic infection.

Dr. EDMUND CAUTLEY: On the whole, I do not agree with Dr. Sutherland. I think the heart in this case is very seriously damaged; there is considerable hypertrophy. I do not attach much importance to the irregularity. There is a remarkably small pulse for such a degree of hypertrophy. Such a combination implies mitral stenosis, and that there is, or has been, considerable myocarditis. In either case I do not think the prognosis is particularly good. The fact that she is well grown is much in her favour. Still, with the conditions I have mentioned, I think that in course of time, or under a severe strain, the heart is likely to give way and dilate.